



Colorado Respite Care Program Training Proposal Form

Application Date _____

The Colorado Respite Care Program offers financial assistance to fund respite-related training and education programs. Complete the application below and submit accordingly. A budget narrative and program agenda must be attached. *No funds may be used to purchase food.*

Primary Organization _____

Partner Organizations _____

Training Location _____

Primary Contact Name _____

Title _____

Phone _____

Email _____

Training Program Title _____

Program Description _____

Proposed Date _____

Length of Training _____

Number of Attendees _____

Target population _____

Cost per Attendee _____

Counties Served _____

Total Funds Requested (Attach budget description) _____

Other Training Funding Sources _____

Measureable Training Outcome 1 _____

Measureable Training Outcome 2 _____

Select Training Topic(s):

Education

Caregiver Wellness

Resources

Other: _____

Is respite care provided during training?

No

Yes Cost per hour: _____

Is training open to the public?

No

Yes

Included attachments:

Budget Narrative

Agenda

Evaluation Tools